



FEE FOR SERVICE DIRECT DATA ENTRY IN LTC SYSTEM FOR NURSING FACILITIES

June 28, 2019

July 12, 2019

July 15, 2019

Agenda

- ❑ July 1st Expectation
- ❑ Portal Access
- ❑ User Roles and Access
- ❑ LTC Navigation Tab
- ❑ Status Tracking Screen
- ❑ Admission/Discharge Screen
- ❑ Update Segment
- ❑ Add New Member or Add Segment
- ❑ Reports
- ❑ Helpful Hints



JULY 1st 2019 is Important

July 1st

- DMAS will enforce no screening no payment for initial NF Admissions
- All Nursing Facilities (NF) are encouraged to use the portal for all FFS enrollments, disenrollments, and Level of Care changes
- Faxes will be accepted through July 31

August 1st

- All NF enrollment & disenrollments are to be entered via the LTC portal (FFS or CCC Plus Program)
- DMAS will no longer accept any faxed FFS enrollments, disenrollments, OR Level of Care Changes

This is an update from the
June 20th webinar

Who Enters NF Admissions, Discharges, or Level of Care Changes

CCC Plus Program

- Health Plan

Fee for Service

- Nursing Facility



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<http://www.dmas.virginia.gov>

MEDICAID BULLETIN

TO: Medicaid Long-Term Services and Supports (LTSS) Providers –Commonwealth Coordinated Care (CCC Plus) Waiver Providers and Nursing Facilities and LTSS Screening Entities (Community-Based and Hospital Teams)

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

DATE: 4/12/2019

SUBJECT: Screening Prior to Nursing Facility Admission or No Medicaid Reimbursement and Implementation of Verification of Screening- Effective July 1, 2019

This bulletin relates to the longstanding requirement for a Medicaid Long-Term Services and Supports (LTSS) Screening (also known as "Screening" or "Preadmission Screening" or "PAS") prior to the admission of an individual to a nursing facility by the providers of the screening before

Clarification of

The Code of Virginia will be eligible for Virginia State Plan Facility Services of all individuals defined in § 32.1 following admission

Per 12 VAC 30-60-308, prior to an individual's admission to a nursing facility, the nursing facility shall review the completed screening packet to ensure that NF criteria have been met, documented, and submitted via ePAS. Additionally, in accordance with 12VAC30-60-302, an individual's need for LTSS shall meet the established criteria specified in 12VAC30-60-303, before any authorization for reimbursement by Medicaid or its designee is made for LTSS.

Per 12 VAC 30-60-308, prior to an individual's admission to a nursing facility, the nursing facility shall review the completed screening packet to ensure that NF criteria have been met, documented, and submitted via ePAS. Additionally, in accordance with 12VAC30-60-302, an individual's need for LTSS shall meet the established criteria specified in 12VAC30-60-303, before any authorization for reimbursement by Medicaid or its designee is made for LTSS.

In accordance with longstanding reimbursement for nursing facility admission prior to an individual's admission Appendix C, Page 8, states that

In accordance with longstanding policy, neither DMAS nor CCC Plus MCOs will provide reimbursement for nursing facility admission and services unless a valid Screening is completed prior to an individual's admission to a nursing facility.

Validating Medicaid Financial Eligibility

- ✓ Nursing Facilities are expected to validate Medicaid financial eligibility prior to Admission
 - Providers may use the Virginia Medicaid Web Portal and the Medicaid audio response systems to verify Medicaid eligibility and managed care enrollment
 - Toll-free numbers are available 24-hours-per-day, seven days a week, to confirm member eligibility status, claim status and check status.
 - The numbers are:
 - 1-800-772-9996 Toll-free throughout the United States
 - 1-800-884-9730 Toll-free throughout the United States
 - (804) 965-9732 Richmond and Surrounding Counties
 - (804) 965-9733 Richmond and Surrounding Counties
 - Providers access the system using their Virginia Medicaid provider number as identification. Specific instructions on the use of the verification systems are included in “Exhibits” at the end of this chapter

Portal Entry Basics

The next set of slides will highlight the key points to a successful submission.

For complete details it is recommended that staff review the Long Term Care (LTC) FAQ's, Tutorial & User Guide.

These resource are available at

The screenshot displays the Virginia Medicaid portal interface. At the top, the browser address bar shows the URL: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/LongTermCare>. Below the browser, the Virginia Medicaid logo is visible. A blue navigation bar contains the following menu items: Home, Provider Services, Provider Resources, EDI Support, Documentation, FAQ, and Provider Enrollment. Two quick links panels are shown: 'Quick Links' on the left and 'Long Term Care (LTC) Quick Links' on the right. The 'Long Term Care (LTC) Quick Links' panel contains the following text and list:

The following is the list of available options within this category. Please make a selection for the link/documentation desired.

- [Long Term Care \(LTC\) FAQ](#)
- [Long Term Care \(LTC\) User Guide](#)
- [Long Term Care \(LTC\) Tutorial](#)

2 Stages to Use the Portal

Register as a provider in DMAS portal (if not already enrolled)
This is a one time process for your organization

Steps to complete an entry:

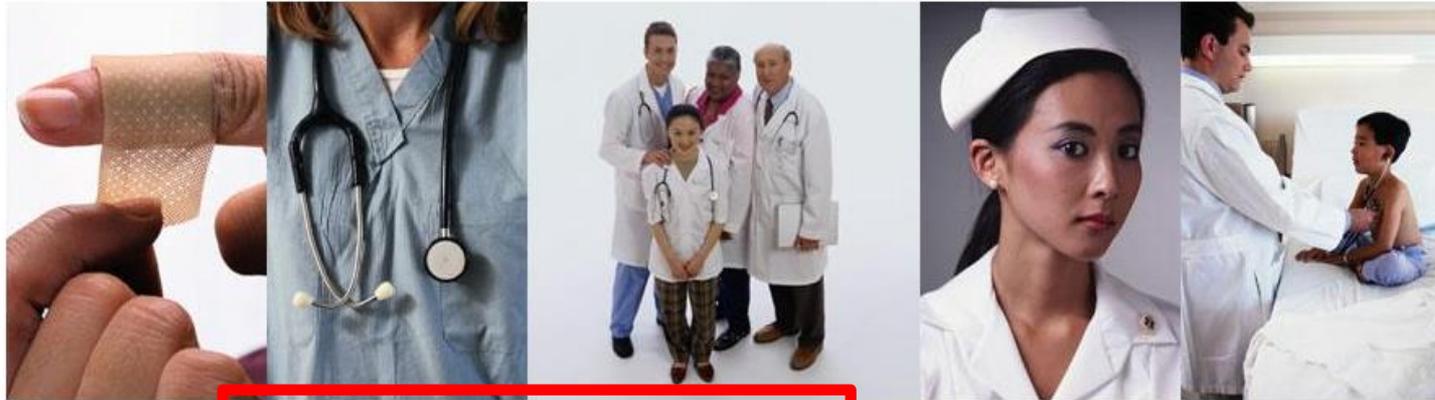
Review the LTC user guide, tutorial, and FAQ's.

1. Have a completed admission/discharge packet for the individual
2. Validate the individuals Medicaid financial eligibility
3. Log in
4. Begin entering

The Commonwealth of Virginia Medicaid Web Portal's home page contains various portlets (sections within a portal page) and navigational tabs.

The Web Portal's Home Page is reflected below:

The screenshot shows the Virginia Medicaid Web Portal home page. At the top left is the Virginia Medicaid logo. At the top right, the date "Jan 7, 2013" and links for "Home" and "Contact Us" are visible. Below the logo is a navigation bar with tabs: Home, Provider Services, Provider Resources, EDI Support, Documentation, EHR Incentive Program, and FAQ. A red box labeled "Navigation Tabs" points to this bar. Below the navigation bar are several portlets. A red box labeled "Web Announcements will reflect any information for portal users, such as portal maintenance, etc." points to a "Web Announcements" portlet. A red box labeled "Quick Links to documentation and other supporting websites" points to a "Quick Links" portlet. A red box labeled "Login for access to registration and secured provider services" points to a "Login" portlet. A red box labeled "Physician Primary Care Increase information and forms" points to a "Physician Primary Care Increase" portlet. The "Web Announcements" portlet contains the following text: "SERVICE AUTHORIZATIONS BEING END DATED 12/31/2012. Service Authorizations with no claims activity since 11-1-2011 will be end dated as of 12-31-2012. For questions, please contact the Provider 'HELPLINE' at 1-800-552-8627 Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. Please remember that the 'HELPLINE' is for provider use only. Please have your Medicaid Provider ID # available when you call. The Virginia Medicaid EHR Incentive Program launches on August 1, 2012. Please visit the EHR Incentive Program tab at the top of this page for more information." The "Quick Links" portlet contains a list of links: Provider Services, Provider Resources, EDI Support, Documentation, EHR Incentive Program, FAQ, Search for Providers, Provider Forms Search, Web Registration Reference Material, and DMAS Web Site. The "Login" portlet contains the text: "Log in to the system or register by selecting your role below." and two options: Providers and Internal Users. The "Physician Primary Care Increase" portlet contains the text: "Information regarding increased payments for physician primary care services effective January 1, 2013 through December 31, 2014 are below:" and a list of links: Medicaid Memo, Physician Primary Care Attestation Form, FAQs, and Provider Attestation Report.



Welcome

Welcome to the Virginia Medicaid Web Portal. This page allows registered provider organizations to log in. If you need to register, you can do so by clicking on the 'Web Registration' link in the 'First Time User Registration' box.

If you have any issues with registering or logging in, please see the Web Registration Reference Material (located through the Quick Links to the right) or contact the Virginia Medicaid Web Support Help Desk (toll free) at 866-352-0496.

First Time User Registration

By registering you will be designated as the Primary Account Holder for your organization. As the designated Primary Account Holder, you can add, delete or modify user access.

If you are currently a user supporting an organization associated with a Medicaid provider enrolled with the Department of Medical Assistance Services, then as a new Primary Account Holder registrant, you must complete the following steps:

1. Establish a User ID, Password and security profile
2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider

If you are a user supporting an organization associated with a provider who is registering in order to submit a Medicaid enrollment application, then as a new Primary Account Holder registrant, you need only complete the following step:

1. Establish a User ID, Password and security profile

After the enrollment application is approved, you must then complete the remaining registration steps noted below:

2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider

If you are not the Primary Account Holder for your organization then you should not register. If your organization already has a Primary Account Holder, please see them for your User ID and Password to log in.

- Quick Links**
- [Provider Services](#)
 - [Provider Resources](#)
 - [EDI Support](#)
 - [Documentation](#)
 - [EHR Incentive Program](#)
 - [FAQ](#)
 - [Search for Providers](#)
 - [Provider Forms Search](#)
 - [Web Registration Reference Material](#)
 - [DMAS Web Site](#)

Existing User Login

To access secure areas of the portal, please log in by entering your User ID and Password.

* User ID:

* Password:

[Forgot User ID?](#)
[Forgot Password?](#)

1.2 Medicaid Web Portal – Provider Login Page

After selecting the 'Provider' role in the Web Portal Home Page, the provider and the supporting user community are directed to the Provider Login Page.

The Provider Login Page is reflected below:

Jan 7, 2013
Home | Contact Us

Home | Provider Services | Provider Resources | EDI Support | Documentation | EHR Incentive Program | FAQ

Welcome
Welcome to the Virginia Medicaid Web Portal. This page allows registered provider organizations to log in. If you need to register, you can do so by clicking on the 'Web Registration' link in the 'First Time User Registration' box.
If you have any issues with registering or logging in, please see the Web Registration Reference Material (located through the Quick Links to the right) or contact the Virginia Medicaid Web Support Help Desk (toll free) at 866-352-0496.

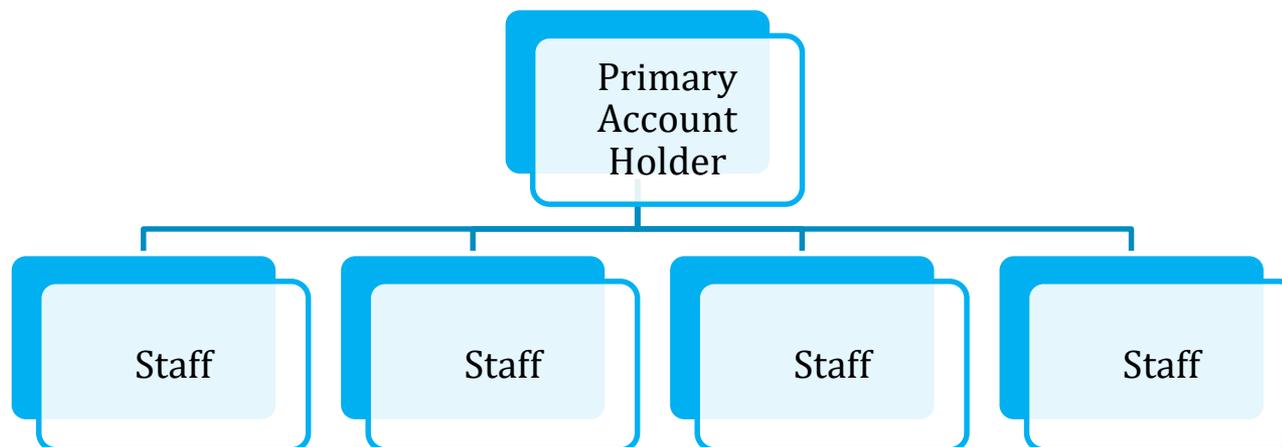
First Time User Registration
By registering you will be designated as the Primary Account Holder for your organization. As the designated Primary Account Holder, you can add, delete or modify user access.
If you are currently a user supporting an organization associated with a Medicaid provider enrolled with the Department of Medical Assistance Services, then as a new Primary Account Holder registrant, you must complete the following steps:
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2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider
If you are a user supporting an organization associated with a provider who is registering in order to submit a Medicaid enrollment application, then as a new Primary Account Holder registrant, you need only complete the following step:
1. Establish a User ID, Password and security profile
After the enrollment application is approved, you must then complete the remaining registration steps noted below:
2. Initiate the authentication process
3. Complete identity authentication with the Security ID generated and mailed to the provider
If you are not the Primary Account Holder for your organization then you should not register. If your organization already has a Primary Account Holder, please see them for your User ID and Password to log in.
Web Registration

Quick Links
Provider Services
Provider Resources
EDI Support
Documentation
EHR Incentive Program
FAQ
Search for Providers
Provider Forms Search
Web Registration Reference Material
DMAS Web Site

Existing User Login
To access secure areas of the portal, please log in by entering your User ID and Password.
+ User ID:
+ Password:
Forgot User ID?
Forgot Password?

Registering as a Provider

- ❑ The Authorized User – LTC role is established by either the Primary Account Holder or Organization Administrator for performing Long Term Care reviews and/or updates on behalf of the provider organization.



Key Steps to Processing an Admission, Discharge or Level of Care Change

- ✓ Log in with provider number
- ✓ Pull up individual
- ✓ Review historical data
- ✓ Select line segment to update
- ✓ Enter the Admission, Discharge, or Level of Care Change
- ✓ If admission conduct validation
 - If no screening, select applicable special circumstance
- ✓ Save the Screen check for notice of approval
- ✓ Print a copy of you work



How to Begin an Entry

Home	Claims ▾	Member ▾	Service Authorization ▾	Payment History	EHR Incentive Program	Provider Maintenance	Provider Enrollment	RA Messages
Level of Care Review ▾	Pre-Admission Screening ▾	Provider Portal Secure Email	Long Term Care					

- By hovering over or electing the long term care tab the system will redirect you to the current segment
- Nursing Facility will only see segments associated with their organizations.

VAProviderLTCStatusTrackingPortlet

Long Term Care Status Tracking-Current Segments

NPI/API: 0247726240

Select member for inquiry detail or to make updates:

Select	SSN	Member's Last Name	Member's First Name	MI	Suffix	Medicaid ID	Admission Date	Discharge Date	Status
Not applicable for health plans									

Member Search: Medicaid ID: OR SSN:

Enter the Medicaid number and click on submit to bring up the individuals screen





Adding New Segment or Member

Home | Claims ▾ | Member ▾ | Service Authorization ▾ | Payment History | EHR Incentive Program | Provider Maintenance | Provider Enrollment | RA Messages | Level ▾ | eDoc Management ▾ | Provider Portal Secure Email | Long Term Care

LTCaddNewMember

Long Term Care Add New Member

NPI/API:

SSN: Member's Medicaid ID:

Member's Last Name: Member's First Name: MI: Suffix:

Level of Care (LOC) Servicing Address Admission Date Discharge Date NPI End Reason Change Source Approved Pre-Admission Screening? Yes No

Complete the necessary information and click on submit

For a complete list of fields, please see the Web Portal - LTC Users Guide

Historical data for the Member displays

Click on line you want to change

VAPProviderLTCAdmDischgePortlet

Long Term Care Admission

NPI/A: [REDACTED] 6666

SSN: 223245148

Member's Last Name: DICKERSON

Member's Medicaid ID: [REDACTED] 6018

Member's First Name: KATHERINE

MI: Suffix:

Level of Care(LOC)	Admission Date	Discharge Date	NPI	End Reason	Change Source	Level of Care Segment Status	Update Date
9	04/10/2017	12/31/9999	0000000000	000	00	Approved	09/13/2017
1	12/15/2014	<input type="text" value="04/10/2017"/>	1285603142	488	00	Approved	09/13/2017
D	10/17/2014	<input type="text" value="12/15/2014"/>	1013977933	488	00	Approved	01/26/2015
1	06/27/2014	<input type="text" value="10/17/2014"/>	1285603142	488	00	Approved	10/30/2014
2	05/12/2014	<input type="text" value="06/27/2014"/>	1285603142	488	00	Approved	07/09/2014

Showing 1 - 5 of 5

[Update](#) [Return to Status Tracking](#) [Reset](#) [Back To NPI Entry](#) [Add New Segment](#) [Print](#)

Level of Care Indicators

- 1 Intermediate Care Facility
- 2 Skilled Nursing Facility

Adding & Updating Discharge Dates

VAProviderLTCAdmDischgePortlet

Long Term Care Admission/Discharge

NPI/API: 01 [REDACTED]

SSN: 2 [REDACTED]

Member's Medicaid ID: [REDACTED] 8

Member's Last Name: DICKERSON

Member's First Name: [REDACTED]

MI:

Suffix:

Level of Care(LOC)	Admission Date	Discharge Date	NPI	End Reason	Change Source	Level of Care Segment Status	Update Date
9	04/10/2017	12/31/9999	0000000000	000	00	Approved	09/13/2017
1	12/15/2014	<input type="text" value="04/10/2017"/>	1285603142	488	00	Approved	09/13/2017
D	10/17/2014	<input type="text" value="12/15/2014"/>	1013977933	488	00	Approved	01/26/2015
1	06/27/2014	<input type="text" value="10/17/2014"/>	1285603142	488	00	Approved	10/30/2014
2	05/12/2014	<input type="text" value="06/27/2014"/>	1285603142	488	00	Approved	07/09/2014

Showing 1 - 5 of 5

[Update](#) [Return to Status Tracking](#) [Reset](#) [Back To NPI Entry](#) [Add New Segment](#) [Print P](#)

If the value is open ended (reflected as 12/31/9999) this field is enterable, either directly or via the calendar widget.

If associated with the Nursing Facility NPI, this field will be enterable.

To end date a waiver service: A Nursing Facility's must admit the Individual and the DMAS 80 should be placed in individuals file.

Admission/Discharge Screen

Changing discharge date to April 1, 2017 and adding End Reason

Level of Care(LOC)	Admission Date	Discharge Date	NPI	End Reason
9	04/10/2017	12/31/9999	0000000000	000
1	12/15/2014	04/01/2017	██████████	403 - Changed Level of Care (Non-Waiver Default Vali

- **End Reason** – This field displays the end reason associated with the LTC segment.
- If the segment is open then it will have "000".
- If the user changes the discharge date the end reason field will open up for update.

Code	End Reason Description
000	Benefit Open (Open Segment Default Value)
001	Member Deceased
002	Loss of Virginia Residence

For a complete list of End Reasons please see pages 38-42
in the Web Portal - LTC Users Guide

After updating any segments with the necessary data, click 'Update' to validate field edits.

[Update](#) [Return to Status Tracking](#) [Reset](#) [Back To NPI Entry](#) [Add New Segment](#) [Print PDF](#)



Apr 20, 2017

[Test Environment](#) | [Home](#) | [Contact Us](#) | [Log out](#)

[Home](#) [Claims](#) [Member](#) [Service Authorization](#) [Payment History](#) [EHR Incentive Program](#) [Provider Maintenance](#) [Provider Enrollment](#) [RA Messages](#) [Level of Care Review](#) [Pre-Admission Screening](#)
[eDoc Management](#) [Provider Portal Secure Email](#) [Long Term Care](#)

VAProviderLTCAdmDischgePortlet

Row 2-Member has been successfully updated.

You can do a print screen if you wish to provide documentation of the entry

NPI/API: 0173023666
SSN: 223245148
Member's Last Name: DICKERSON
Member's Medicaid ID: 041375676018
Member's First Name: KATHERINE
MI:
Suffix:

Level of Care(LOC)	Admission Date	Discharge Date	NPI	End Reason	Change Source	Level of Care Segment Status	Update Date
9	04/10/2017	12/31/9999	0000000000	000	00	Approved	09/13/2017
1	12/15/2014	04/01/2017	1285603142	403	00	Approved	04/20/2017
0	10/17/2014	12/15/2014	1013977933	488	00	Approved	01/26/2015
1	06/27/2014	10/17/2014	1285603142	488	00	Approved	10/30/2014
2	05/12/2014	06/27/2014	1285603142	488	00	Approved	07/09/2014

Showing 1 - 5 of 5

[Update](#) [Return to Status Tracking](#) [Reset](#) [Back To NPI Entry](#) [Add New Segment](#) [Print PDF](#)

Navigation



- ❑ **Update** – Validates screen entry/entries and navigates the user to the Long Term Care Admission/Discharge screen.
- ❑ **Return to Status Tracking** – The status tracking initial screen to search for a member
- ❑ **Back To NPI Entry** – Opens up page to enter NPI
- ❑ **Add New Segment** - The user can request the addition of a new segment for a member or Add New Member

Adding New Segment ~ Adding New Member

- The user is navigated to this screen when the 'Add New Segment' button is selected from either
 Long Term Care Status Tracking – Current Segments screen
 Long Term Care Admission/Discharge screen,
- User associated with a Nursing Facility => Member must be currently associated with the same Nursing Facility
- Any other user/member combinations will receive an error message that a new segment cannot be added.

The screenshot shows a web browser window titled 'LTCaddNewMember'. The main heading is 'Long Term Care Add New Member/Segment'. The form contains the following fields and controls:

- NPI/API: [Text input]
- SSN: [Text input]
- Member's Medicaid ID: [Text input]
- Member's Last Name: [Text input]
- Member's First Name: [Text input]
- MI: [Text input]
- Suffix: [Text input]
- Level of Care (LOC): [Dropdown menu]
- Servicing Address: [Dropdown menu]
- Admission Date: [Date picker]
- Discharge Date: [Date picker, value: 12/31/9999]
- NPI: [Text input]
- End Reason: [Dropdown menu, value: 000 - Benefit]
- Change Source: [Dropdown menu]
- Approved Pre-Admission Screening?: [Radio buttons, Yes/No]
- Buttons: Submit, Return to Status Tracking, Reset

Data Elements to Add New Segment or Member

LTCaddNewMember

Long Term Care Add New Member

NPI/API:

SSN:

Member's Medicaid ID:

Member's Last Name: Member's First Name: MI: Suffix:

Level of Care (LOC) Servicing Address Admission Date Discharge Date NPI End Reason Change Source Approved Pre-Admission Screening? Yes No

User
NPI

- This field is auto populated with the NPI/API associated with the User ID logged in.

SSN
DMAS
ID

- Entry of either the member's valid 9 digit (SSN) or 12 digit Medicaid ID is required.

Data Elements to Add New Segment or Member

LTCaddNewMember

Long Term Care Add New Member/Segment

NPI/API: []

SSN: []

Member's Medicaid ID: []

Member's Last Name: []

Member's First Name: []

MI: [] Suffix: []

Level of Care (LOC) []

Servicing Address []

Admission Date []

Discharge Date 12/31/9999 []

NPI []

End Reason 000 - Benefit []

Change Source []

Approved Pre-Admission Screening? Yes No

Submit Return to Status Tracking Reset

Auto
Fill

- Once the user tabs out of the field, the member's Medicaid ID and name will be populated on the screen, based on the information in the Medicaid system.

LOC

- Select the value that represents the level of care that the member will receive. (Skilled or Intermediate)

LTAddNewMember

Long Term Care Add New Member/Segment

NPI/API:

SSN: Member's Medicaid ID:

Member's Last Name: Member's First Name: MI: Suffix:

Level of Care (LOC) Servicing Address Admission Date Discharge Date NPI End Reason Change Source Approved Pre-Admission Screening? Yes No

Provider NPI

- Enter valid 10-digit numeric NPI for Nursing Facility

Servicing Address

- This field will be blank until the user enters the Provider ID

LTCaddNewMember

Long Term Care Add New Member/Segment

NPI/API:

SSN: Member's Medicaid ID:

Member's Last Name: Member's First Name: MI: Suffix:

Level of Care (LOC) Servicing Address Admission Date Discharge Date NPI End Reason Change Source Approved Pre-Admission Screening? Yes No

Admission & Discharge Dates

- Entry is required in the format MM/DD/YYYY or
- Via the calendar widget

Display Only - YES!!!

LTCaddNewMember

Long Term Care Add New Member/Segment

NPI/API:

SSN:

Member's Medicaid ID:

Member's Last Name:

Member's First Name:

MI:

Suffix:

Level of Care (LOC)

Servicing Address

Admission Date

Discharge Date

NPI

End Reason

Change Source

Approved Pre-Admission Screening? Yes No

Submit Return to Status Tracking Reset

- Change Source – This field is for display only and reflects the change source associated to this member’s segment. This field will reflect a change source value. The default is 00 No Change Source. For a full listing of For a complete list of Change Source please refer to the Web Portal - LTC Users Guide
- Level of Care Segment Status – This field is for display only and reflects the current status associated with the segment. One of the following values will display: Approved / Void / Pended
- Update Date – This field is for display only and reflects the date of the

LTC Screening Validation Flow

Does the individual have a LTSS screening?

Yes

LTC Portal System will check for screening

Yes

Enrollment Permitted

No/Not Sure

Must meet one of six special circumstances listed in 12VAC30-60-302

Yes

Special Circumstances applies

Complete & file the DMAS 80 Form in the individuals chart

No

Obtain the needed LTSS Screening and resubmit

The Critical Question



Home	Claims ▼	Member ▼	Service Authorization ▼	Payment History	EHR Incentive Program	Provider Maintenance	Provider Enrollment	RA Messages	Level
eDoc Management ▼	Provider Portal Secure Email	Long Term Care							

LTCAddNewMember

Long Term Care Add New Member

NPI/API:

SSN: Member's Medicaid ID:

Member's Last Name: Member's First Name: MI: Suffix:

Level of Care (LOC) Servicing Address Admission Date Discharge Date NPI End Reason Change Source **Approved Pre-Admission Screening?**
 Yes No

This must be answered to make your admission complete.
The system will validate your entry.

If answered **YES** you are attesting that you have a valid screening and have included the DMAS 80 in individuals record

If answered **No** a Special Circumstance must be checked on DMAS 80 to have a valid admission



Long Term Care Add New Member/Serment

No approved pre-admission screening found for this member so they cannot be added. Please change response to 'No' and select appropriate reason or complete pre-admission screening.

NPI/API: [Redacted]

SSN: 2 [Redacted] 7

Member's Medicaid ID: [Redacted]

Member's Last Name: [Redacted]

Member's First Name: [Redacted]

One of the Special circumstances must be checked to have a valid admission

Level of Care (LOC)
1 - Intermediate

Servicing Address
01-3610 WIN

Admission Date
04/01/2017

Discharge Date
12/31/9999

NPI
[Redacted]

End Reason
000 - Benefit

Change Source
00 - No Cha

Approved Pre-Admission Screening?
 Yes No

It is advised to have some documentation to support the Special Circumstance

If no approved pre-admission screening, one of the following must be selected. If none of the following apply, this member cannot be added until an approved pre-admission screening is completed:

- 1. Private pay individuals who will not become financially eligible for Medicaid within six months from admission to a Virginia nursing facility.
- 2. Individuals who reside out-of-state and seek direct admission to a Virginia nursing facility.
- 3. Individuals who are inpatients in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seek direct admission to a Virginia nursing facility .
- 4. Individuals who are patients or residents of a state owned/operated facility that is licensed by Department of Behavioral Health and Developmental Services (DBHDS) and seek direct admission to a Virginia NF.
- 5. A screening shall not be required for enrollment in Medicaid hospice services as set out in 12 VAC 30-50-270.
- 6. Wilson Workforce Rehabilitation Facility (WWRC) staff shall perform screenings of the WWRC clients.

12VAC30-60-302 Section E Special Circumstances

DMAS' electronic systems will recognize these special circumstances and will permit submission for enrollment into a NF without a screening.

One of the following must apply:

1. Private pay individuals who will not become financially eligible for Medicaid within six months from admission to a Virginia nursing facility shall not be required to have a screening in order to be admitted to the NF.
2. Individuals who reside out of state and seek direct admission to a Virginia nursing facility shall not be required to have a screening. Individuals who need a screening for HCBS waiver or PACE programs and request the screening shall be screened by the CBT or DMAS designee, as appropriate, serving the locality in which the individual resides once the individual has relocated to the Commonwealth.
3. Individuals who are inpatients in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seek direct admission to a Virginia NF shall not be required to have a screening. Individuals who need a screening for HCBS waiver or PACE programs and request the screening shall be referred, upon discharge from one of the identified facilities, to the CBT or DMAS designee, as appropriate, serving the locality in which the individual resides once the individual has relocated to the Commonwealth.
4. Individuals who are patients or residents of a state owned or operated facility that is licensed by DBHDS and seek direct admission to a Virginia NF shall not be required to have a screening. Individuals who need a screening for HCBS waiver or PACE and request the screening shall be referred, upon discharge from the facility, to the CBT or DMAS designee, as appropriate, serving the locality in which the individual resides.
5. A screening shall not be required for enrollment in Medicaid hospice services as set out in [12VAC30-50-270](#) or home health services as set out in [12VAC30-50-160](#).
6. Wilson Workforce Rehabilitation Center (WWRC) staff shall perform screenings of the WWRC clients

Reporting

- ❑ DMAS will have access to monitoring reports
- ❑ Based on these reports DMAS may be calling providers with questions



DMAS 80 Function

✓ Health Plans

✓ It is a communication tool between the NF and the Health Plans

- The NF originates the DMAS 80
- The Health Plan uses the DMAS 80 to enroll the Individual in the LTC portal

✓ FFS

✓ It is a documentation of the determination of a special circumstance that is determined by hospital at admission

- The NF originates the DMAS 80 and
 - Enroll the Individual in the LTC portal
- Retains a copy as documentation of enrollment and special circumstance

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NURSING FACILITY ENROLLMENT
SPECIAL CIRCUMSTANCES DOCUMENTATION FORM

Date of Form: / / Reason for Submission: | Admission | Discharge

1. IDENTIFICATION INFORMATION

First Name	Middle Initial	Last Name
Birthdate	Gender	
Medicaid Number	Social Security Number	
Nursing Facility Name	SNF Number	
Nursing Facility Admission Date	/ /	
Name of Health Plan	Health Plan DMAS #	

Is there a completed Medicaid LTSS Screening package for this individual's admission and has the Nursing Facility reviewed the package?

Yes No (If no, one of the following reasons must be checked.)

- 1. Private pay individuals who will not become financially eligible for Medicaid within six months from admission to a Virginia nursing facility.
- 2. Individuals who reside out-of-state or are transferred from an out-of-state hospital and seek direct admission to a Virginia nursing facility.
- 3. Individuals who are recipients in an out-of-state hospital, in-state or out-of-state veteran's hospital, or in-state or out-of-state military hospital and seek direct admission to a Virginia nursing facility.
- 4. Individuals who are patients or residents of a state-owned/operated facility by Department of Behavioral Health and Developmental Services (DBHDS) and seek direct admission to a Virginia NF.
- 5. A screening shall not be required for enrollment in Medicaid hospice services as set out in 22 VAC 35-50-270.
- 6. Within Workforce Rehabilitation Center (WVRC) staff shall perform screenings of the WVRC clients.

DMAS-80 (rev) 07/2019

Handling FFS Special Circumstances

- ✓ NF receives the initial request for admission
- ✓ Suggested NF actions:
 - Obtain admission packet that includes LTSS Screening packet
 - Be sure to complete Level 1 if a special circumstance is met
 - Complete the DMAS-80 form and submit a copy to the Plan. Both Plan and NF retains a record to document the special circumstances.
 - If NF decides to admit
 - NF enters the enrollment request in LTC portal
 - Print a copy of enrollment for records
 - Retains copy of DMAS 80 and documentation in record related to Special Circumstances.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NURSING FACILITY ENROLLMENT
SPECIAL CIRCUMSTANCES DOCUMENTATION FORM

Reason for Submission: [] Admission [] Discharge

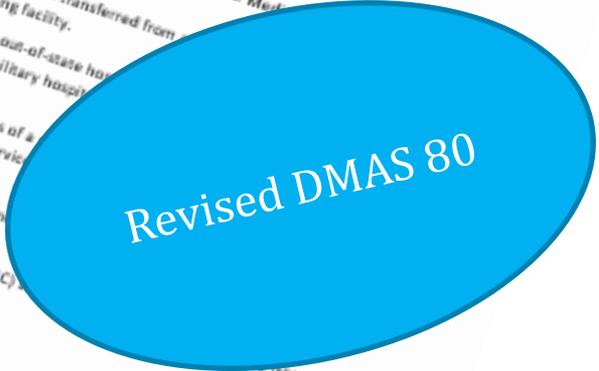
I. IDENTIFICATION INFORMATION

First Name	Middle Initial	Last Name
Birthdate		Gender
Medicaid Number		Social Security Number
Nursing Facility Name		NPI Number
Nursing Facility Admission Date		Health Plan NPI#
Name of Health Plan		

Is there a completed Medicaid LTSS Screening package for this individual's admission and has the Nursing Facility reviewed this packet?
 Yes
 No (If no, one of the following reasons must be checked.)

1. Private pay individuals who will not become financially eligible for Medicaid from admission to a Virginia nursing facility.
2. Individuals who reside out-of-state or are transferred from direct admission to a Virginia nursing facility.
3. Individuals who are inpatients in an out-of-state hospital, or in-state or out-of-state military hospital, or in-state or out-of-state nursing facility.
4. Individuals who are patients or residents of a Behavioral Health and Developmental Services NF.
5. A screening shall not be required for enrollment.
6. Wilson Workforce Rehabilitation Center (WWRC) staff.

DMAS-80 (Revised 07/2019)
WWRC



2 Additions

- ✓ There are 2 additional non Medicaid situations that are covered by checking the 7th Special circumstances box on the DMAS 80.
- ✓ They are
 - Individuals who are being admitted to the NF for a short-term stay under Medicare or other private insurance and after admission has a need for custodial care funded by Medicaid:
 - The non-Medicaid individual refused the screening.

Changes in Special Circumstance

Helpful Hints

Admission with
Special
Circumstances

*Special
circumstance
changes*

Example:

*No longer private
pay or rehab*

Individual is
converted to Medicaid

No screening is
required

Admitting special
circumstances & MDS
score validates
meeting LTSS criteria

The Level one PASRR should be completed upon admission by the NF for all Special Circumstances

Clarification of Private Pay Special Circumstance

Helpful Hints

- ✓ Private Pay can be any of the following situations:
 - Family is funding 100% of the placement
 - Private Insurance is funding the 100% of placement
 - A combination of Medicare & either of the Above two items fund 100% of placement
 - Note co-insurance can begin as soon as the 21st day of Skilled or Rehab placement
 - Individual refuses screening and is admitted under Medicare, Family funded , or private insurance

Movement from One Nursing Facility to Another

Helpful Hints

- ✓ No changes to this process. The NF sends the Screening Packet to the New NF
 - This would include the DMAS 80

How to Obtain a Copy of a LTSS Screening If Previous Provider Does not Pass it Along?

Within
the last
six (6)
years

- Screening Entity (hospital, LHD, LDSS)
Not LDSS eligibility workers
- Current Provider

Longer
than six
(6) years

- Provider
- screeningassistance@dmas.Virginia.gov

The request to DMAS must include the individual's name and either Social Security number or Medicaid number.

NOTE : After 6 years DMAS can only provide a screen shot that a screening occurred

NF Changes in Level of Care

- ✓ Must you assure you have a screening when changing a level of care within a nursing Facility?

YES

*This is a
correction
from June
20th
webinar*

Simply check Yes you have screening or if special circumstance exists

When Do You Enter Information in Portal

- ✓ Nursing Facilities should enter FFS admissions to their facility as soon as possible.
 - Delaying the submission of admissions or discharges could complicate or delay payment

If individual admitted to Nursing Facility prior to Admission to CCC Plus Program and the Plan can only enroll the individual from date of enrollment in plan.

Nursing Facility will be responsible for submitting for admission days prior to enrollment in CCC Plus Program even if the member enrolls in CCC Plus after the date of admission

Other Reminders



- ✓ Screening questions go to:
screeningassistance@dmas.Virginia.gov

- ✓ LTC Portal questions go to:
 - For FFS AEandD@dmas.Virginia.gov
 - For CCC Plus Program to Health Plan

Looking Forward

- ✓ DMAS is developing guidance on several other topics.
- ✓ This guidance will be distributed
 - Via webinar updates
 - Your state association



Questions?



Interim Documentation Process for Special Circumstances

- ✓ Hospital completes required form
- ✓ DMAS is accepting data from the NF record and the DMAS documentation that was met.

